U.S. Department of Labor Iffice of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| READ THE INSTRUCTIONS CAREFUL | LY BEFORE PREPARING THIS REPORT. | |
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| E (AUG152005) | | |
| MR OFF | | |
| 1. File Number U - | 2. Fiscal Year Covered From: | |
| | Through: Z | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | |
| Name THERESAL E STATES | Name UE(CO) 1105 | |
| | Labor Organization File Number | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | |
| Street 27641 4 Physical Action 5 | Street 1016 5 8 41 144 5 11 | |
| City Aubicular Commence of the | City Searte | |
| State ZIP Code + 4 ZIV Code + 4 | State ZIP Code + 4 6/8 1/5 | |
| 5. Position in labor organization. [REPRESEINTHERE] | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. | |
| Street Street | | |
| City | | |
| State ZIP Code + 4 | | |
| Signature | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information | | |

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

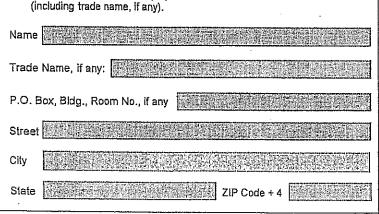
Form LM-30 (2003)

Telephone Number

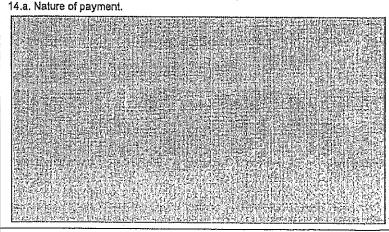
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| Name Trade Name, if any: D. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any | | | |
|--|--|--|--|
| Trade Name, if any: P.O. Box, Bldg., Room No., if any | 3. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 ZIP Code + 4 | Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City | b. Trust | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 ZIP Code + 4 | 10. If 0 b, or 0 g, is shocked size twist or employed. | 11 a Nature of such dealing | |
| Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 ZIP Code + 4 | | | |
| P.O. Box, Bidg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | Name (1997) | | |
| Street City State ZIP Code + 4 ZIP Code + 4 | Trade Name, if any: | | |
| City State ZIP Code + 4 ZIP Code + 4 The state of interest held or income received. | P.O. Box, Bldg., Room No., if any | | |
| City State 12.a. Nature of interest held or income received. | Street | The state of the s | |
| State State ZIP Code + 4 State | City | | |
| | | 12.a. Nature of interest held of income received. | |
| 12.b. Amount. | State State ZIP Code + 4 | | |
| 12.b. Amount. | | | |
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| 12.b. Amount. | | | |
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| C Pecceived from any amplement (attention as a series of the state of | | 12.b. Amount. | |
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.



13.a. Name and address of Employer or Labor Relations Consultant



or Consultant



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14.b. Amount of payment.

